Name in Full: Martha Anderson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Churchville — County: Harford

Date of death 1906 — Month: July — Day: 14 — Age — Years: 75 — Months: 4 — Days: —

Sex: Female — Color or Race: White — Birthplace:

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: John Anderson — Father's Birthplace: Ireland

Mother's Maiden Name: Martha Holden — Mother's Birthplace:

Name of person giving Information: J. E. Anderson — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Edema Rheumatism — How long: 2 mos

Immediate: Exhaustion from Dysentery — How long: about 3 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. W. Wilson

Address: Churchville Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Emeline Blake

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Haydens, Sta. — County: Queenne

Date of death: Month: July — Day: 31 — 1904 — Age: Years: 60 — Months — Days

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female — Color or Race: Negro — Birthplace: Queenne Co

Occupation: Housekeeper — Where Residing if not at place of death: Haydens

Married, Single or Widowed: Married — Name of Wife or Husband: Perry Blake

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Perry Blake — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Possible Heart failure — How long: 2 weeks

Immediate: " " — How long: one day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: No Physician

Dr. C. L. Dawson

Address

Accident or Suicide? F. D.

Centreville Md

LIBRARY BUREAU A88516

Name in Full: Wm H. Bryan Jr

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Centreville — County: Queen Annes

Date of death	Month	Day	Years	Months	Days
1904	7	6	Age 46	5	

Sex: male — Color or Race: White — Birthplace: Queen Annes Co

Occupation: Grocery Merchant — Where Residing if not at place of death: Place of death

Married, Single or Widowed: married — Name of Wife: Sydney Bryan

Father's Name: H. H. Bryan Sr — Father's Birthplace: Queen Annes

Mother's Maiden Name: Fannie Perry — Mother's Birthplace: Queen Annes Co

Name of person giving Information: Mrs Sydney Bryan — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hernia — How long: 20 years

Immediate: Perforated bowel as a result of strangulated Gabrine — How long: 48 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J Moorhead M D

Address: Centreville Queen Annes Co

Accident or Suicide? No

LIBRARY BUREAU A86316

Name in Full: Augusta Carroll

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Queen Anne's; County: Queen Anne's

Date of death 1904: Month: July; Day: 24

Age: Years: 84; Months: ; Days:

Sex: Female; Color or Race: Colored; Birthplace: Kent Cold

Married, Single or Widowed: widowed; Occupation: house-wife

Name of Wife or Husband: unknown

Father's Name: Solomon Hogelton; Father's Birthplace: Unknown

Mother's Maiden Name: Francis Hogelton; Mother's Birthplace: Unknown

Name of person giving In formation: Mr. E Hogelton; How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cause unknown; How long:

Immediate: Died Suddenly; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. E. Thomas undertaker

Address: Stevensville

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Lefus Carroll

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brookeville — County: 2 a

Date of death: Month: 7 — Day: 11 — 1904

Age: Years: 40 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Md

Occupation: Farm Hand — Where Residing if not at place of death:

Married, Single or Widowed — Name of Wife or Husband:

Father's Name: John Carroll — Father's Birthplace: Md

Mother's Maiden Name: Mary E Dorsey — Mother's Birthplace: " "

Name of person giving Information: Geo Carroll — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nephritis — How long: 6 months

Immediate: Uraemia — How long: one week.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. Adams M.D.

Address: Queenstown, Md.

Accident or Suicide?

LIBRARY BUREAU A8951¢

Name in Full: Chas Cockey M D

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Queenstown — County: Qa

Date of death: Month: 7 — Day: 30 — Year: 1904 — Age: Years: 63 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Kent Island

Occupation: Doctor — Where Residing if not at place of death: Queenstown Md

~~Married~~, ~~S~~ingle or Widowed — Name of Wife or Husband:

Father's Name: Edward Cockey — Father's Birthplace: Kent Island

Mother's Maiden Name: Susanna Legg — Mother's Birthplace: — — Md

Name of person giving information: B. E. Cockey Son — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Influenza's — How long: Several years

Immediate: Inanition — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Howard R. Hopkins.

Address: Queenstown Md.

Accident or Suicide?

LIBRARY BUREAU A8531

Name in Full: Not named

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hope — County: Queens

Date of death: Month: July — Day: 12 — 1904

Age: Years — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Hope Md

Occupation: — Where Residing if not at place of death: "

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Perry B. Fountain — Father's Birthplace: Hope Md

Mother's Maiden Name: Sekie Davis — Mother's Birthplace: Virginia

Name of person giving Imformation: Perry Fountain — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Fright by Storm — How long:

Immediate: Prematture — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: No Dr

Address: Centreville Md

Jos. G. Dawson

Accident or Suicide?

LIBRARY BUREAU A8891G

Name in Full: Charlotte Gasaway

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Centreville — County: Queen Anne's

Date of death: Month: July — Day: 16 — 1904

Age — Years: 4 — Months — Days

Sex: Female — Color or Race: African — Birthplace: Md

Occupation: House Keeper — Where residing if not at place of death: Centreville

Married, Single or Widowed: Widow — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving information: Precilla Wilkins — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Interstitial Nephritis — How long: 10 yrs

Immediate: Heart Failure — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jason Knotts M.D

Address: Centreville

Queen Anne's

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full: Mabel Elvina Heath

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Winchester — County: Queen

Date of death 1904 — Month: July — Day: 18 — Age: Years 9, Months, Days

Sex: Female — Color or Race: Colored — Birthplace: Winchester

Occupation — Where Residing if not at place of death: Winchester

~~Married~~, Single or ~~Widowed~~ — ~~Name of Wife or Husband~~

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Charles Heath — Father's Birthplace: Winchester

Mother's Maiden Name: Lizzie Griffin — Mother's Birthplace: Winchester

Name of person giving Information: Charles Heath — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 6 days

Immediate: Constipation — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. E. Saunders M.D.

Address: Winchester md.

~~Accident or Suicide?~~

LIBRARY BUREAU A89516

Name in Full: William H. Holden

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Near Crumpton — County: Queen Anne

Date of death 1904: Month: July — Day: 13th — Age: Years: 67 — Months: 9 — Days: 10

Sex: Male — Color or Race: White — Birthplace: Queen Anne Co Md

Married, Single or Widowed: Married — Occupation: Farmer

Name of Wife or ~~Husband~~: Mary A Holden

Father's Name: — Father's Birthplace: Md.

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Charles W. Holden — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hemmorrhage of Brain — How long: 3 months

Immediate: Paralysis — How long: 3 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. N. Sheppard

Address: Crumpton Md.

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: Arthur Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Unionstown — County: Queen Anne

Date of death 1904 — Month: July — Day: 11 — Age: Years: 2 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Unionstown Md

Occupation: Infant — Where Residing if not at place of death: Unionstown

Married, Single or Widowed: 11 — Name of Wife or Husband: Infant

Father's Name: John Henry Johnson — Father's Birthplace: Kent Co Md

Mother's Maiden Name: Mary Perkins — Mother's Birthplace: Kent Co

Name of person giving information: John H Johnson — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Stroma — How long: All life

Immediate: Weak heart. — How long: " "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. Bangs Simmons

Address: Chestertown Md

Accident or Suicide? No.

LIBRARY BUREAU A38616

Name in Full: Clementine Kaul Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Barclay — County: Queen Anne

Date of death 1904 — Month: 7 — Day: 16 — Years: Age 58 — Months — Days

Sex: Female — Color or Race: White - C — Birthplace: York Co. Pa.

Occupation: Housekeeper — Where Residing if not at place of death:

Married, ~~Single~~ or Widowed — Name of Wife or Husband: Wm M Johnson

Father's Name: Isaac L Shimp — Father's Birthplace: Penna

Mother's Maiden Name: Mary L Caulding — Mother's Birthplace: Penna

Name of person giving Information: Wm M Johnson — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

TO BE FILLED OUT BY PHYSICIAN OR CORONER

Primary: Cancer of Uterus — How long: Two Years

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wade Sudler M.D.

Address: Sudlersville Md

Accident or Suicide?

LIBRARY BUREAU A68816

Name in Full: Eliza J Mercer

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Centreville; County: Queen Anne's

Date of death 1904: Month: July; Day: 7; Age: Years —; Months —; Days 7

Sex: Female; Color or Race: Colored; Birthplace: Centreville

Occupation: —; Where Residing if not at place of death: Centreville

Married, Single or Widowed: —; Name of Wife or Husband: —

Father's Name: John T. Mercer; Father's Birthplace: Prince Geo Co

Mother's Maiden Name: Eliza Johns; Mother's Birthplace: Md

Name of person giving Imformation: Eliza Johns; How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: 3 weeks Premature; How long: 1 week

Immediate: Don't Know; How long: "

Are the name, age, sex, color, date and place correctly given above?

Signatura of Physician: No Dr.

Address: Centreville Md

Jas G. Dawson

Accident or Suicide?

Undertaker

LIBRARY BUREAU A88618

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Emma A Monbray Reed

Died at: Town: Chester County: Queen Annes

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904: Month: July Day: 20

Age: Years: 78 Months: 3 Days:

Sex: Female Color or Race: White Birthplace: Baltimore

Married, Single or Widowed: widowed Occupation: None

Name of Wife or Husband: Alexander S Reed

Father's Name: Henry Monbray Father's Birthplace: England

Mother's Maiden Name: Mary Allison Mother's Birthplace: Baltimore

Name of person giving information: Lida B. Allison How related to deceased: Niece

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hemiplegia How long: 2 Yrs

Immediate: Do not know How long: Do not know

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. J. W. Pardoe

Address: Stevensville

Accident or Suicide?

LIBRARY BUREAU A99919

Name in Full: Mary Reed

CERTIFICATE OF DEATH

Died at: Town: CENTREVILLE — County: QUEEN ANNE — MARYLAND

Date of death: 1904 — Month: July — Day: 14 — Age: Years — Months: 4 — Days

Sex: female — Color or Race: Black — Birthplace: CENTREVILLE

Occupation: none — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Jas Reed — Father's Birthplace: CENTREVILLE

Mother's Maiden Name: Mary Mackel — Mother's Birthplace: Balto

Name of person giving Imformation: alice Rawlins — How related to deceased: aunt

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholera-Infantum — How long: 2 Months

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: No Doctor

Address:

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Chas Henry Reese

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Unionlown — County: Q A

Date of death: Month: 7 — Day: 2 — Years: 50 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Kent Co

Occupation: Fireman — Where Residing if not at place of death: Chestertown

Married, Single or Widowed: Married — Name of Wife or Husband: Annie Shepperd

Father's Name: Frank Reese — Father's Birthplace: Kent Co

Mother's Maiden Name: Louisa Graves — Mother's Birthplace: Kent Co

Name of person giving Information: Wm H Johnson — How related to deceased: Bro-in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 3 yrs

Immediate: Exhaustion — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. G. Simpers

Address: Chestertown, Md

Accident or Suicide? No

LIBRARY BUREAU A88S16

Name in Full: George Richardson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chloes — County: Queen Annes

Date of death 190 4: Month: July — Day: 17

Age: Years: 86 — Months: 4 — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Kent Co.

Married, Single or Widowed: Widowed — Occupation: Hostler

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: George Richardson Sr. — Father's Birthplace: Kent Co.

Mother's Maiden Name: Mary Bartlett — Mother's Birthplace: Unknown

Name of person giving information: Geo. H. Richardson — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility — How long: —

Immediate: Gen. Asthenia — How long: 2 mos.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Dr Fryde

Address: Stevensville Md.

Accident or Suicide? —

LIBRARY BUREAU A66316

Name in Full: Myrtle Julia Ringgold

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Crumpton — County: Queen Anne

Date of death 1904: Month: July — Day: 24 — Age: Years: one — Months: xx — Days: Seven

Sex: Girl — Color or Race: White — Birthplace: Queen Anne Co. Md

Married, Single or Widowed — Occupation

Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Joseph E Ringgold — Father's Birthplace: Maryland

Mother's Maiden Name: Julia Clark — Mother's Birthplace: Maryland

Name of person giving In formation: Ida Holden — How related to deceased: Aunt

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Meningitis — How long: Two weeks

Immediate: Convulsions — How long: 6 or 7 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. N. Sheppard

Address: Crumpton Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Aunie Feeney

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: New Roseville | County: Queen Annes

Date of death: 1904 | Month: July | Day: 18

Age: Years: | Months: 3 | Days:

Sex: female | Color or Race: Colored | Birthplace: Price Chapel

Occupation:

Where Residing if not at place of death: New Roseville

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Josh Feeney | Father's Birthplace: Queen Annes

Mother's Maiden Name: Aunie Feeney | Mother's Birthplace: Queen Annes

Name of person giving Imformation: Clayton Berry | How related to deceased: Notory

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Morbus Cordis | How long: Two Months

Immediate: Exhaustion | How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. S. Dudley M.D.

Address: Church Hill Maryland

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Henry Seeney

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Centreville; County: Queen Anne's

Date of death: 1904; Month: 7; Day: 5

Age: Years: 82; Months: 8; Days: 19

Sex: Male; Color or Race: White; Birthplace: Germany

Occupation: Laborer; Where Residing if not at place of death: ———

Married, Single or Widowed: Widower; Name of Wife or ~~Husband~~: Amelia Cross

Father's Name: Don't Know; Father's Birthplace: Don't Know

Mother's Maiden Name: " ; Mother's Birthplace: " "

Name of person giving Information: Wm. C. Dunning; How related to deceased: Son in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Insanity; How long: 10 months

Immediate: Cerebral Hemorrhage; How long: 1 day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wilson Crew M.D.

Address: Centreville Queen Anne's

Accident or Suicide? No

LIBRARY BUREAU A88518

Name in Full — Smith

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Centreville — County: Queen Annes

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month: July	Day: 1	Age: Years: 2	Months: 6	Days:
Sex: Male	Color or Race: Col			Birthplace: Centreville	
Occupation: —	Where Residing if not at place of death: —				
Married, Single or Widowed: —	Name of Wife or Husband: —				
Father's Name: Henry Smith				Father's Birthplace: Centreville	
Mother's Maiden Name: Lucy Smith				Mother's Birthplace: —	
Name of person giving Imformation: Walter Washington				How related to deceased: no	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus		How long: 6 mo
Immediate: marasmus		How long: —
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: W. D. Smith	
—	Address: Centreville Md	
Accident or Suicide? —		

LIBRARY BUREAU A86516

Name in Full: Hannah Washington

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Sudlersville — County: Queen Anne

Date of death: Month: 7 — Day: 21st — Year: 1904 — Age: 75 — Months — Days

Sex: Female — Color ~~or Race~~: Colored — Birthplace: Delaware

Occupation: Salons — Where Residing if not at place of death:

Married, ~~Single~~ or Widowed — ~~Name of Wife or~~ Husband: George Washington

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Thomas Washington — How related to deceased: Grand Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Debility — How long: Ten days

Immediate: " " — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. Sudlers

Address: Sudlersville Md

Accident or Suicide?

LIBRARY BUREAU A66618